County: La Crosse HILLVIEW HEALTH CARE CENTER

3501 PARK LANE DRIVE

LA CROSSE 54601 Phone: (608) 789-4800	)	Ownershi p:	County
Operated from 1/1 To 12/31 Days of Operation	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	199	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	222	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	186	Average Daily Census:	184
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	40. 9
Supp. Home Care-Personal Care	No					1 - 4 Years	39. 2
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	6. 5	More Than 4 Years	19. 9
Day Services	No	Mental Illness (Org./Psy)	42. 5	65 - 74	10.8		
Respite Care	No	Mental Illness (Other)	7. 5	75 - 84	33. 9		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 5	85 - 94	37. 6	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0. 0	95 & 0ver	11. 3	Full-Time Equivalent	
Congregate Meals	Yes	Cancer	1. 1	ĺ	j	Nursing Staff per 100 Res	i dents
Home Delivered Meals	No	Fractures	3. 2	İ	100. 0	(12/31/01)	
Other Meals	Yes	Cardi ovascul ar	12. 9	65 & 0ver	93. 5		
Transportati on	No	Cerebrovascul ar	7. 0	<sup>'</sup>		RNs	18. 3
Referral Service	No	Di abetes	4. 3	Sex	% i	LPNs	2. 1
Other Services	No	Respi ratory	1. 6		i	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	19. 4	Male	32. 3	Ai des, & Orderlies	44. 6
Mentally Ill	No			Femal e	67. 7		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No			İ	100. 0		
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## Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay		]	Family Care		1	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	5	41. 7	285	10	9. 9	116	2	100. 0	135	4	6. 3	158	0	0. 0	0	1	100. 0	250	22	11. 8
Skilled Care	7	<b>58</b> . 3	279	82	81. 2	99	0	0.0	0	53	84. 1	133	7	100.0	99	0	0.0	0	149	80. 1
Intermediate				9	8. 9	82	0	0.0	0	6	9. 5	122	0	0.0	0	0	0.0	0	15	8. 1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		101	100. 0		2	100. 0		63	100.0		7	100. 0		1	100.0		186	100.0

Admissions, Discharges, and Deaths During Reporting Period	ı	Percent Distribution	of Residents	Conditio	ons, Services, ar	nd Activities as of 12	/31/01 
zenens zuring nepereing rerree	=	l <sup>'</sup>		Total			
Percent Admissions from:		Activities of	%		Needing stance of	% Totally	Number of
Private Home/No Home Health	7. 4	Daily Living (ADL)	Independent	One (	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	3. 7	Bathi ng	2. 2		46. 2	51. 6	186
Other Nursing Homes	7.4	Dressi ng	13. 4		41. 4	45. 2	186
Acute Care Hospitals	79. 4	Transferring	21. 5		39. 8	38. 7	186
Psych. HospMR/DD Facilities	0.0	Toilet Use	21. 0		40. 9	38. 2	186
Rehabilitation Hospitals	0.0	<b>Eating</b>	<b>57. 0</b>		15. 1	28. 0	186
Other Locations	2. 1	**************	******	******	******	********	*****
Total Number of Admissions	243	Conti nence		%	Special Treatmen	its	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	9. 1	Receiving Resp	oi ratory Care	12. 9
Private Home/No Home Health	24. 2	Occ/Freq. Incontinen	t of Bladder	<b>52</b> . <b>2</b>	Receiving Trac	cheostomy Care	0. 5
Private Home/With Home Health	17. 9	Occ/Freq. Incontinen	t of Bowel	32. 8	Receiving Suct	i oni ng	1. 1
Other Nursing Homes	0.8				Receiving Osto	omy Care	3. 8
Acute Care Hospitals	5.8	Mobility			Recei vi ng Tube	Feedi ng	3. 8
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	11. 3	Receiving Mech	nanically Altered Diets	s 30. 1
Rehabilitation Hospitals	0.0	1				· ·	
Other Locations	2. 9	Skin Care			Other Resident (	Characteri sti cs	
Deaths	48. 3	With Pressure Sores		2. 7	Have Advance D	)i recti ves	82. 8
Total Number of Discharges		With Rashes		10. 8	Medi cati ons		
(Including Deaths)	240	İ			Receiving Psyc	choactive Drugs	74. 7

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Ownership: This Government			Si ze:		ensure:		
					<b>00</b> +		l l ed	Al	
	Facility		Group		Group		Group		lities
	% %		Ratio	%	Ratio	% Ratio		%	Rati o
Occupancy Rate: Average Daily Census/Licensed Beds	83. 5	81. 4	1. 02	84. 7	0. 99	84. 3	0. 99	84. 6	0. 99
Current Residents from In-County	80. 1	84. 1	0. 95	82. 2	0. 97	82. 7	0. 97	77. 0	1. 04
Admissions from In-County, Still Residing	21. 4	32. 4	0. 66	22. 3	0. 96	21. 6	0. 99	20. 8	1. 03
Admissions/Average Daily Census	132. 1	64. 0	2.06	89. 0	1. 48	137. 9	0. 96	128. 9	1. 02
Discharges/Average Daily Census	130. 4	66. 7	1. 96	93. 1	1. 40	139. 0	0.94	130. 0	1.00
Discharges To Private Residence/Average Daily Census	<b>54</b> . 9	19. 2	2.86	37. 0	1.48	<b>55. 2</b>	0. 99	<b>52. 8</b>	1. 04
Residents Receiving Skilled Care	91. 9	<b>85.</b> 0	1.08	89. 9	1.02	91.8	1.00	<b>85</b> . 3	1.08
Residents Aged 65 and Older	93. 5	84. 3	1. 11	87. 3	1. 07	92. 5	1. 01	87. 5	1. 07
Title 19 (Medicaid) Funded Residents	<b>54</b> . 3	77. 7	0. 70	73. 2	0. 74	64. 3	0.84	68. 7	0. 79
Private Pay Funded Residents	33. 9	16.8	2. 01	19. 8	1. 71	25. 6	1. 32	22. 0	1. 54
Developmentally Disabled Residents	0. 0	3. 2	0.00	2.4	0.00	1. 2	0. 00	7. 6	0.00
Mentally Ill Residents	<b>50</b> . <b>0</b>	<b>56</b> . 2	0. 89	42. 5	1. 18	37. 4	1. 34	33. 8	1. 48
General Medical Service Residents	19. 4	15. 4	1. 26	<b>25</b> . <b>0</b>	0. 78	21. 2	0. 91	19. 4	1. 00
Impaired ADL (Mean)	<b>58</b> . 7	49. 2	1. 19	51. 7	1. 13	49. 6	1. 18	49. 3	1. 19
Psychological Problems	74. 7	<b>65</b> . 9	1. 13	<b>59. 8</b>	1. 25	<b>54</b> . 1	1. 38	51. 9	1. 44
Nursing Care Required (Mean)	8. 2	7. 6	1. 09	7. 3	1. 12	6. 5	1. 26	7. 3	1. 12